## **WORK PERMIT QUESTIONNAIRE**

Type or print clearly in ink an answer to every question. If the space available is insufficient, use a separate sheet and precede each answer with the appropriate question number. If a question does not apply to you, so state with "N/A." Do not misstate or omit any material fact(s) as each statement made herein is subject to verification.

You are advised that this personal history record is an official document. Any misrepresentation or failure to reveal requested information may be deemed to be sufficient cause for the denial of your application, or revocation of your permit.

Last Name			First Name			Middle Name	
Alias(es), Nicknames, Maiden Na	ame, Other Nam	e Changes, Legal (	or Otherwise				
Present Residence Address			City, State, Z	City, State, Zip			Number (including area code)
Occupation							
		Tak da Ligan				E minima Dat	
Social Security No.		Driver's License	e No.	e No. State Issued		Expiration Date	3
Date of Birth				Place of Birth	h (City, State)		
Sex: G Male G Female	Eye Color	Hair Color	Weight		Height	Race/Ethnicity	
Marks, Scars, Tattoos:				I			
Are you a United States citizen?	G Yes G	No Reside	ent Alien? G	Yes G No	A	alien Registration No	
If Naturalized, Certificate No Place of Naturalization			ı		Date		
. RESIDENCE: Exclu	iding your curre	ent residence, lis	st all residences y	you have had f	or the last 3 years.		
Month and Year	Str	reet and Number			City		State/Zip Code
From-To							

3	FMPI OVMENT.	Beginning with your current employer, list all places of employment where you have worked during the last 3 years.
J.	ENTELLOTIVIENT:	Beginning with voilt current employer, list all places of employment where voil have worked during the last 5 years.

Name of Employer	Location	Job Title	Month/Year From-To	Reason for Leaving

## 4. CRIMINAL HISTORY (Convictions only):

- A. Have you ever been convicted of a felony? G Yes G No
- B. Have you been convicted of a misdemeanor within the past 10 years? (Convictions dismissed pursuant to Penal Code section 1203.4 must be disclosed.) G Yes G No
- C. Are you currently on probation? G Yes G No

If your answer to 4. A or B was "yes," provide details here.					
Date of Arrest	Arresting Agency Location - City & State	Original Charge	Final Charge (if amended or reduced)	Disposition	

## 5. LICENSING HISTORY:

- A. Have you ever applied to any local, state or federal governmental agency for a gambling establishment employee permit, badge, or license in any state? G Yes G No
- B. Have you ever been denied a gambling establishment work permit or license by <u>any</u> law enforcement agency, or had any such permit or license revoked or suspended? G Yes G No

If your answer to 5. A or B was "yes," provide details here. If you have been denied, revoked or withdrawn an application, provide details here.					
Local Government Agency	Type of Application	Approved/Denied	Dates Held	Reasons for Denial, Revocation or Suspension	

- C. Have you ever been questioned about your participation in any gambling offense, in or outside of California, or by any law enforcement agency? G Yes G No
- D. Have you ever been prohibited from being present on the premises of any gaming or pari-mutuel wagering establishment by any government officer, agency or gambling establishment? G Yes G No

If your answer to 5. C or D was "yes" provide details here.			

## **DECLARATION**

STATE OF			
COUNTY OF			
Questionnaire and contain a full and knowledge that mi for denial or revoc	l know the contents thereod true account of the inf srepresentation or failure cation of my permit.	of; that the statements contai formation requested; that I e to reveal information reques	read the foregoing Work Permit ned herein are true and correct and a executed this statement with the sted may be deemed sufficient cause
		foregoing is true and correc	
Executed this	day of	,20,at	City, State
Sign	nature of Applicant		
А	FFIX ONE PASSPORT QUALIT	TY PHOTOGRAPH TAKEN WITHI	N THE LAST 30 DAYS
	AFFIX PASSPORT QUALITY PHOTOGRAPH HERE	Date of photograph	